## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| The 2016 Committee    Pec IDENTIFICATION NUMBER   C   C00568905  | Schedule E)  | PAGE 1 OF 2<br>FOR SE OF FORM 24/48 |
|--|--|-------------------------------------|
| Full Name of Payee   Date of Public Distribution/Dissemination   |  | FEC IDENTIFICATION NUMBER ▼         |
| Mailing Address 414 SMOKEY HOLOW ROAD  City State Zip Code CAPON BRIDGE WV 26711-2401  Purpose of Expenditure FULFILIMENT ITEMS - CLOTHING & MAGNETS  Name of Federal Candidate  DR. BEN CARSON Senate State:  Calegory Oppose District:  President Senate State:  Calegory Oppose District:  President Senate State:  City State Zip Code  Date of Public Distribution/Dissemination  Mailing Address  Amount  Transaction ID: SE24.1241  Date of Districtsement or Obligation  President Senate State:  Calendar Year-To-Date President Senate State:  City State Zip Code  Date of Public Distribution/Dissemination  Purpose of Expenditure  Category President Senate State:  Calendar Year-To-Date Support Diffee Sought:  Calendar Year-To-Date President Senate State:  Calendar Year-To-Date Distribution Distribution District:  President Senate State:  Calendar Year-To-Date President Senate State:  Calendar Year-To-Date Distribution District:  President Senate State:  Calendar Year-To-Date Distribution District:  President Senate State:  Calendar Year-To-Date Distribution Office Sought:  Other (specify)   District:  President Senate State:  Calendar Year-To-Date District Senate State:  Calendar Year-To-Date Distribution Office Sought:  Other (specify)   Other (specify)   In the reporting of the reporting of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  | Check if 24-hour report X 48-hour report New report Amends report file                           |                                     |
| City State Zip Code  CAPON BRIDGE WW 26711-2401  Purpose of Expenditure FULFILLMENT ITEMS - CLOTHING & MAGNETS  Name of Federal Candidate  DR. BEN CARSON  | DIRECT ANSWER  | M - M / D - D / Y - Y - Y - Y       |
| CAPON BRIDGE  Purpose of Expenditure FULFILLMENT ITEMS - CLOTHING & MAGNETS  Name of Federal Candidate  DR. BEN CARSON  Calegory/ Type  Odd  Support  Office Sought:  Calegory/ Type  Odd  President Senate State:  Calegory/ Federal Candidate  Disbursement For:  Calendar Year-To-Date Per Election for Office Sought  City  State  Zip Code  Date of Public Distribution/Dissemination  Calegory/ Type  Date of Public Distribution/Dissemination  Category/ Type  Name of Federal Candidate  Date of Public Distribution/Dissemination  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Date of Disbursement or Obligation  Category/ Type  Date of Public Distribution/Dissemination  Amount  City  Category/ Type  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  City  Category/ Type  Date of Public Distribution/Dissemination  City  Category/ Type  Date of Public Distribution/Dissemination  City  Category/ Type  Date of Public Distribution/Dissemination  City  Colored Type  President  Senate State:  Disb  | Mailing Address 414 SMOKEY HOLOW ROAD  | Amount                              |
| Purpose of Expenditure  FULFILLMENT ITEMS - CLOTHING & MAGNETS  Name of Federal Candidate  DR. BEN CARSON  Category/ 1/19pe  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Category/ 2016  Category/ 2016  Cher (specify) Primary General  City  State  Category/ 2016  Cher (specify) Primary General  City  State  Category/ 3/19pe  Date of Public Distribution/Dissemination  Purpose of Expenditure  Category/ 1/19pe  Date of Public Distribution/Dissemination  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ 1/19pe  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ 1/19pe  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ 1/19pe  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Disbursement or Obligation  Date of Disbursemen |  | Transaction ID : SE24.1241          |
| DR. BEN CARSON   | FULFILLMENT ITEMS - CLOTHING & MAGNETS Category/   | M M / D D / Y Y Y                   |
| Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   | DD BEN CABSON  |                                     |
| Mailing Address  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District: Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures   | Calendar Year-To-Date Dist   | bursement For: X Primary General    |
| City State Zip Code    Date of Disbursement or Obligation  | Full Name of Payee   |                                     |
| Purpose of Expenditure    Category/ Type   | Mailing Address  | Amount                              |
| Purpose of Expenditure    Category/ Type   | City State Zip Code  | Data of Dishursement or Obligation  |
| Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Cother (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  | Category/  |                                     |
| Per Election for Office Sought  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures   | Support  |                                     |
| (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  | Calondar Tour to Bate  |                                     |
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| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  | (b) SUBTOTAL of Unitemized Independent Expenditures  |                                     |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  | (c) TOTAL Independent Expenditures   |                                     |
|  | with, or at the request or suggestion of, any candidate or authorized committee or agent of eith |                                     |
| Robert Frank [Electronically Filed] Date 01 18 2016 Signature  |  |                                     |